

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Box Patent Application  
Commissioner for Patents  
Washington, D. C. 20231

Date: November 26, 2001

**NEW APPLICATION TRANSMITTAL**

Transmitted herewith for filing is the patent application of

Inventors: **Weitong Shi, JoAnn DeMarco and Shabbir Attarwala**  
For: **Elastomer Toughened Radiation curable Adhesives**

**1. Type of Application**

This is a complete, new and original application for patent.

**2. Benefit of Prior U.S. Application(s) (35 U.S.C. § 119(e), § 120, or § 121)**

**3. I hereby request that the attached application not be published under 35 U.S.C. § 122(b). Applicant's undersigned attorney hereby certifies that the invention disclosed in the application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at 18 months after filing.**

✓

**4. Papers Enclosed Which are Required for Filing Date Under 37 CFR 1.53(b)**

10 pages of specification  
4 pages of claims  
1 page of abstract  
0 page of drawings  
    - formal  
    - informal

**5. Declaration or Oath**

An executed Declaration is enclosed.

**Assignment**

An assignment of the invention to LOCTITE CORPORATION

✓

is enclosed.

A separate "Cover Sheet for Assignment (Document) Accompanying New Patent Application" which is attached to the assignment is also enclosed.

✓

FORM PTO-1595 is attached.

—

will follow.

11/27/01  
JC923 U.S. PTO

09/994073 PRO  
11/27/01

**NEW APPLICATION TRANSMITTAL****ATTORNEY DOCKET NO.: LC-425 US****7. Fee Calculation (37 CFR 1.16)**

<b>CLAIMS AS FILED</b>						
	<b>Number Filed</b>		<b>Number Extra</b>		<b>Rate</b>	<b>Basic Fee</b>
Total Claims <i>(37 CFR 1.16(c))</i>	28	- 20 =	8	X	\$18.00	\$ 144.00
Independent Claims <i>(37 CFR 1.16(b))</i>	2	- 3 =	0	X	\$84.00	\$ -0-
Multiple Dependent Claim(s), if any <i>(37 CFR 1.16(d))</i>			0	X	\$280.00	\$ -0-
<b>Filing Fee Calculation</b>						<b><u>\$884.00</u></b>

**8. Fee Payment Being Made at This Time**

<input type="checkbox"/>	Enclosed.	
<input type="checkbox"/>	basic filing fee	<b><u>\$884.00</u></b>
	<b>TOTAL FEES ENCLOSED</b>	<b><u>\$884.00</u></b>

**9. Method of Payment of Fees**

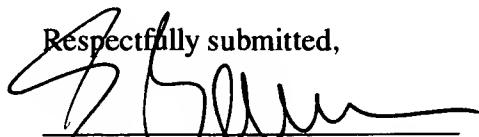
<input type="checkbox"/>	Enclosed is a check in the amount of:	\$
<input checked="" type="checkbox"/>	Charge Deposit Account No. <u>12-2135</u> in the amount of:	<b><u>\$884.00</u></b>
<input checked="" type="checkbox"/>	A duplicate of this request is attached.	

**10. Authorization to Charge Additional Fees or Credit Overpayment**

<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any additional fees which may be due in connection with this submission or any over payment of same, to Deposit Account No. <u>12-2135</u> .
-------------------------------------	--

Applicants' undersigned attorney may be reached by telephone at (860) 571-5001 or by facsimile at (860) 571-5028. All correspondence should continue to be directed to the address given below.

LOCTITE CORPORATION  
1001 Trout Brook Crossing  
Rocky Hill, Connecticut 06067

  
Respectfully submitted,

Steven C. Bauman  
Attorney for Applicants  
Registration No. 33,832